

Emergency Services Training Course Request

July 1, 2006 – June 30, 2007

***NOTE:** All training requests need to have instructor arrangements made and confirmed prior to submitting the course request to EST. If you need assistance in identifying a qualified instructor for the requested course, contact EST for a list of instructors in your geographical area. Approval will depend on the number of courses requested, special need, and budget allocation.

◆ PLEASE PRINT CLEARLY AND COMPLETE ALL REQUESTED INFORMATION ◆

Circle TYPE of course being requested:			FIRE	HAZ MAT
Today's Date:				
Title of Course:				
Do you need books for this course?			<input type="checkbox"/> Yes <input type="checkbox"/> No	How Many?
Host Dept./Org. Name:				
Address:			City: State, Zip:	
Contact Person:				
Day Phone:		Other Phone:		Cell Phone:
E-Mail Address:			Fax:	
Starting Date:		Ending Date:		Total Hours:
Confirmed Instructor:				
EST subsidized training?		<input type="checkbox"/> Yes <input type="checkbox"/> No	In-house – no instructor pay? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HOW MANY people are anticipated to attend this course?			Maximum Class Size?	

✓Note:

–An **Action Plan** is required for extended periods of training (*When and how often will you meet, the number of hours per training session, and if there are multiple instructors, the number of classes and hours they will teach*).

–Minimum class size is ten (10) students unless a smaller class size is approved in advance by EST.

–Use of instructors outside of the local area must be approved in advance by EST.

Send To: Emergency Services Training
Division of Professional-Technical Education
PO Box 83720
Boise, ID 83720-0095

Phone #: (208) 334-3216
Toll Free #: 888-242-0210
Fax #: (208) 334-2365
www.pte.idaho.gov/iest/esthome.htm

Office Use Only (please do not write in this space)

Acknowledged (date): _____

Request #: _____